

Sim, Lowman, Ashton & McKay LLP*Barristers & Solicitors***Sim & McBurney***Patent & Trade Mark Agents*6th Floor, 330 University Avenue
Toronto, Ontario, Canada M5G 1R7**Tel. (416) 595-1155 • Fax (416) 595-1163**RECEIVED
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JUN 10 2008

DATE: June 9, 2008**Application No:** 10/520,275**Our Ref:** 10704-19 MIS:jb

TO:	FAX #	PHONE #
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Total Number of Pages (Including This Page): 12**FROM:** Michael I. Stewart / 416-849-8400**COMMENTS:**

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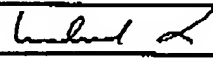
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PTO/SB/21 (01-08)

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TRANSMITTAL FORM	Application Number	10/520,275	RECEIVED CENTRAL FAX CENTER JUN 10 2008
	Filing Date	November 23, 2005	
	First Named Inventor	Margaret F. Hudson	
	Art Unit	4174	
	Examiner Name	Yolanda Lynnette Kelly	
(to be used for all correspondence after initial filing)		Attorney Docket Number	10704-19 MIS:js
Total Number of Pages in This Submission		11	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Sim & McBurney	
Signature		
Printed name	Michael I. Stewart	
Date	June 9, 2008	Reg. No. 24,973

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Michael I. Stewart
Date	June 9, 2008

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PTO/SB/H7 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/520,275
Filing Date	November 23, 2005
First Named Inventor	Margaret F. Hudson
Examiner Name	Yolanda Lynnette Kelly
Art Unit	4174
Attorney Docket No.	10704-19 MIS:jb

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JUN 10 2008

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
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50 25

210 105

370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Statutory Disclaimer

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 24,973	Telephone (416) 849-8400
Name (Print/Type)	Michael I. Stewart	Date June 9, 2008	

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